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PTO/SB/02A (3-97)
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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 3			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
J. George				Bekesi			
Inventor's Signature				Date	11-28-00		
Residence: City	New York	State	NY	Country	USA	Citizenship	USA
Post Office Address	Dept. of Medicine						
Post Office Address	Mount Sinai Medical School						
City	New York	State	NY	ZIP	10029	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
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Residence: City		State		Country		Citizenship	
Post Office Address							
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Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for

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To: Dr. A. Davis

Fr: Dr. Jiang.

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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 3

Name of Additional Joint Inventor, if any:

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Given Name (first and middle (if any))

Family Name or Surname

Jain Dong

Jiang

Inventor's
Signature

Jian-Dong Jiang

Date

11-28-00

Residence: City

New York

State

NY

Country

USA

Citizenship

Chinese

Post Office Address

Dept. of Medicine

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Mount Sinai Medical School

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